

A Cup of Health with CDC

December 1, 2006

[Announcer] This podcast is presented by the Centers for Disease Control and Prevention. CDC – safer, healthier people.

[Matthew Reynolds] Welcome to A Cup of Health with CDC, a weekly broadcast of the MMWR, the Morbidity and Mortality Weekly Report. I'm your host, Matthew Reynolds

How many times in a smoky restaurant or at work have you worried about the effects of secondhand smoke? It is a health danger. Children who breathe secondhand smoke have more frequent respiratory infections. Exposed adults have a higher risk of heart disease and lung cancer.

How safe is your home or workplace? To answer this question, CDC researchers surveyed adults about rules restricting smoking in their homes and workplaces.

Here to discuss the report is Joel London of CDC's Office on Smoking and Health.

Welcome to the show, Joel.

[Joel London] Thanks Matthew. It's great to be here.

[Matthew Reynolds] I briefly mentioned the risks of secondhand smoke for both children and adults at the start of the show. Can you give us a more complete list?

[Joel London] Sure. In children secondhand smoke exposure causes low birth weight, Sudden Infant Death Syndrome or SIDS, more severe asthma, ear infections, and acute respiratory infections. In nonsmoking adults, exposure to secondhand smoke has immediate adverse effects on the cardiovascular system and causes coronary heart disease and lung cancer.

[Matthew Reynolds] According to your new study, about how many people are smoking?

[Joel London] We use data from the National Health Interview Survey for national estimates, and in 2005 the estimate of current smokers in the U.S. is 45.1 million adults (18 yrs and older), or a rate of 20.9%.

[Matthew Reynolds] Most of us are concerned about avoiding secondhand smoke. Where are we most likely to be exposed and are these locations the same for adults and children?

[Joel London] Children are mostly exposed to secondhand smoke in the home while adults are exposed in the home, work places, restaurants, bars, and casinos, just to name a few. A staggering statistic—more than 126 million nonsmoking Americans continue to be exposed to secondhand smoke in homes, vehicles, workplaces, and public places.

[Matthew Reynolds] And how many families are restricting smoking in their homes?

[Joel London] Well, among the 14 states in the survey, the median is 74% which represents about 31 million households.

[Matthew Reynolds] Well, let's assume that I have a close family member who smokes. What kind of rules can I adopt to reduce my secondhand smoke exposure?

[Joel London] It's important to note that just this year, the Surgeon General reported that only complete elimination of smoking in indoor places can fully protect nonsmokers from secondhand smoke exposure. The most protective rule is no smoking inside the home—so we ask that you ask your friends and loved ones to take it outside.

[Matthew Reynolds] Well, let's talk about smoking in the workplace. How common are smoke-free workplaces?

[Joel London] Among the 14 states in the survey, the median for smoke-free workplaces is 73%, which represents about 14.5 million smoke-free workplaces in the U.S.

[Matthew Reynolds] What kinds of policies can we adopt in our workplaces to make them safer?

[Joel London] Half-measures like designated smoking rooms won't get you where you want to go, because there is no safe level of secondhand smoke. Only 100 percent smoke-free policies fully protect workers' health. These policies also offer the greatest support to smokers trying to quit.

Smoke-free policies usually take one of two forms:

- First, 100 percent smoke-free in all indoor areas, including company vehicles,
- And second, 100 percent smoke-free in all indoor and outdoor areas, which is often called a smoke-free campus policy.

[Matthew Reynolds] The government set a national objective of reducing adult smoking to 12% by the year 2010. Are we on our way to achieving that goal?

[Joel London] Unfortunately, the rate of decline is not fast enough for most states to meet the national health objective of 12% or less by 2010. However, if we fully implement evidence-based strategies that increase tobacco use cessation and decrease initiation of tobacco use, we can get back on track.

[Matthew Reynolds] Well thanks Joel, for taking the time to discuss an issue that I'm sure is important to many of our listeners.

[Joel London] Thanks for having me.

[Matthew Reynolds] That's it for this week's show. Don't forget to join us next week. Until then, be well. This is Matthew Reynolds for A Cup of Health with CDC.

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